	PAIENT	Effect		/0 735. 335									
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THA (Cotumn 1) (Cotumn 2) TYPE OR SMALL ENTITY													
T	OTAL CLAIMS							ME	FEE		RATE	FEE	
P)R	HUMBER FILED		NUMBER EXTRA		BA	SIC FEE	385.00	OR	BASIC FEE	770.00		
T	OTAL CHARGE	20 minus 20=		•		7	XS 9=		OR	X\$18-			
DVI	DEPENDENT C	2 minus 3 =		•		-	(43=	†	OR	X88=			
S	JUTIPLE DEPE	IDENT CLAIM P	ESENT					145=	1	OR	+290°		
• Il the difference in column 1 is less than zero, enter "0" in column 2							L	DTAL	385	ОЯ	TOTAL		
CLAIMS AS AMENDED - PART II								OTHER THAN					
(Column 1) (Column 2) (Column 3)									ENTITY	OR	SMALL		
MENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		· NUM PREVIO	BER SUSLY,	PRESENT EXTRA	6	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
200	Total	· 20	Minus	- 6	2 <i>(</i>)	. —	,	S 9=		OR	X\$18=		
¥	Independent	. 2	Minus	(3_	<u></u>	,	(43=		OR	X85=.		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLARA					ak -	١,	145=		OR	+290=		
	(05,02,05) - AL							YOTAL		OR	YOYAL AOOIT, FEE		
		(Column 1)		(Cotur	nn 2)	(Column 3)	ADI	XT. FEE	<u> </u>		AUDII. PEE		
AMENDMENT B		CLAINS REMARKING AFTER AMENDMENT	N	HIGH NUM PREVIO PAID	BEA	PRESENT EXTRA	Ŀ	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ž	Total		Kenus	••		•	Ŀ	\$9=		OR	X\$18=		
¥	Independent	NTATION OF MI	Minus		CLAN	•		(43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								145= -		OR	+290=		
D-2-010								TOTAL IT. FEE		OR	ADDIT. FEE		
		(Column 1)	/ (w 3 ((Calumn 3)				_			
EMTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIX PAID	BER DUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RÅTE	ADDI- TIONAL FEE	
	Total	.20	Minus	-2	0	•	X	S 9=		OR.	X\$18=		
				1	<u>5.</u>	1.	l			ĺ .		-	
AMEN	Independent		Minus					43=		OR	X86>		
AMEN		NTATION OF ML		ENDEN	CLAIM		 -	43=		OR OR	X66=		
	FIRST PRESE	NTATION OF ML	ILTIPLE DES	mn 2. w/48	"O" in col		<u> </u>						

Application or Docket Number